

0000202159 10/14/12

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/FCD
AsOfDate 09/27/2012
Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName Withhold Accounting Period PurchaseOrder Invoice Number Total Amount

Number	Line	Line#	Description	Fund	VendorName	Withhold	Year	Month	Total Amount			
00310685	1	1	I/S Meals & Lodging	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	09	0000090250	Adams, R. 9.20-9	165.00

Total For Voucher 165.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Invoice Number: Adams, R. 9.20-9.21.12

Voucher ID: 00310685

Invoice Date: 09/26/2012

Voucher Style: Regular

Total: 165.00

Vendor: ADAMS, RICHARD B

*Pay Terms:

RUIDOSO PUBLIC HEALTH OFFICE

RUIDOSO, NM 88345


Pay Now | ☒ Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

Gross Amount: 165.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 09/26/2012 

Net Due: 09/26/2012

Discount Due:

Accounting Date:

ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Pay Group:

*Handling: RE

*Netting: N 

Messages

Message will appear on remittance advice.

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

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Voucher Processing☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher**Accounting Instructions***Accounting Template: STANDARD Account At: Gross **Match Action**

*Status:

Ready ☐ Pay Unmatched Voucher**Transaction Currency**

*Source:

Tables 

*Currency: USD

Rate Type: CRRNT 

Exchange Rate:


1.00000000

Voucher Approval

*Approval:

Specify at this Level 

Business Process:

PROCESS_VOUCHERS 

Approval Rule Set:

Payment Approval Rule Set 1 **Self Billing Invoice**

*SBI Num Option:

Group Vouchers (Auto-Nur 

SBI Number:

Prepayment

Prepayment Reference:

☐

Automatically Apply Prepayment

☐

Postpone Withholding

Letter of Credit

Letter of Credit ID:

**Tax Group**

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

NAME Richard Adams	CAR LICENSE NUMBER GS1984	POST OF DUTY Ruidoso	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
SOCIAL SECURITY NUMBER 0000097303	MODEL Nissan	RESIDENCE Ruidoso	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
NORMAL WORK DAY 8am TO 5pm	YEAR 2011		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL, BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS					AMOUNTS	
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS	
9/20/12	7:00am		Depart Ruidoso to Santa Fe to meet with Cabinet Secretary Overnight Santa fe rates apply				135.00		135.00	
9/21/12		7:00pm	Depart Santa Fe to Ruidoso partial day per diem-12.0 hrs				30.00		30.00	
PER DIEM IS BASED ON (CHECK ONE)										
ACTUAL <input type="checkbox"/>										
APPROVED RATES <input checked="" type="checkbox"/>										
				I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.						
				Employee Signature		Date				
				TOTALS			165.00		165.00	
				Advance Amount @ 80%						
				Adjusted Reimbursement						

I, Richard Adams
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE: *Richard Adams* 9/20/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:		09/19/12		Destination:		Santa Fe	
	Departure Date:		(month/day/yr) 09/20/12		Time:		07:00 AM	
	Return Date:		(month/day/yr) 9/21/12		Time:		07:00 PM	
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:								

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 165.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 165.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


Employee Signature _____ Date _____

Supervisor/Bureau Chief Signature _____ Date _____

Division Director/Hospital Administrator _____ Date _____
(As per specific division requirements)


Cabinet Secretary Signature _____ Date _____
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)